



Office of the Board of Assessors
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Lisa M. Alberto
Chairperson
Teresa M. Gonsalves
Principal Assessor

REQUEST FOR ABUTTER'S LIST

Today's date: _____

Name: _____

Address of subject property: _____

Your phone number: _____

Property Parcel ID#: _____ Map: _____ Block: _____ Lot: _____

Your signature: _____

Do you wish the abutter's list to be?

Mailed to your _____ OR Picked up _____

Purpose: Building/ZBA (300' radius) ☐ ConCom (100' radius) ☐

Other (please specify) ☐ _____

Date received by Assessor's Office: _____

Completed by: _____

**PLEASE ALLOW TEN (10) BUSINESS DAYS FOR
COMPLETION**